



DELAWARE HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH
OFFICE OF RADIATION CONTROL

Date: _____

Name on file: _____

Address on file: _____

City, State, Zip on file: _____

RE: **DELAWARE RADIATION TECHNOLOGIST CERTIFICATION #** _____

In order to renew your certificate for four years, the following is required:

- ❖ Individuals holding a National Credential must submit an updated photocopy along with check or money order;

CREDENTIALING ORGANIZATION

CREDENTIAL #

☐ ARRT

☐ NMTCB

☐ DANB

☐ CCI

- ❖ Individuals certified by ARRT Limited Scope or State/Exterior Dental Exam should submit check or money order.

The renewal fee is \$50.00, and the check or money order should be made payable to the State of Delaware (cash will not be accepted). This information should be submitted to the following address:

Delaware Division of Public Health
Office of Radiation Control
417 Federal Street
Dover, DE 19901

In an effort to keep our records current, it is requested that you provide the following information, and return with your payment. If requesting name change, please provide proof, e. g. copy of marriage license, judgment of divorce, court papers. Failure to notify this office in a timely manner may jeopardize your certification standing. Please do not detach any part of this page.

SS #: _____ Daytime Phone: _____ Evening Phone: _____

Name change (if any) : _____

Address change (if any): _____

City/State/Zip changes (if any): _____

Signature: _____ Date: _____

Should you have any questions, please feel free to contact the Office of Radiation Control at 302-744-4546.

/SJM